

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10772039

FILING DATE

02-04-04

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
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36		2				
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	68					
TOTAL CLAIMS	70					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						